



Kansas Health Insurance Assistance Program Client Eligibility Form

Kansas Department of Health and Environment, KHIC Program

1000 SW Jackson, Suite 210

Topeka, KS 66612-1274

Fax: (785) 291-3420

CLIENT INFORMATION

Name:	Participant Card:
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HEALTH INSURANCE INFORMATION

See copy of insurance card attached to form.

Insurance Company:		Insurance Contact/Number:	
Employer:		Employer Contact/Number:	
Type of Coverage: <input type="checkbox"/> COBRA	<input type="checkbox"/> Group <input type="checkbox"/> Individual	Policy Number:	Group Number:
COBRA (Nمبر of Mnths/Termination Date):			
Drug Benefits Company Name:		Phone Number:	
Deductible (Amt):	Co-Pay (Amt):	Premium (Amt): <input type="checkbox"/> Mnthly: <input type="checkbox"/> Qrtly:	
Policy Exclusions (Lifetime Maximum, Medication Cap, No Medication Coverage, etc.):			

CLIENT AGREEMENT

I hereby authorize the Kansas Department of Health and Environment (KDHE), its agents, officials, officers or employees to coordinate payment of insurance premiums for the insurance policy listed above with the case manager/s, insurance carrier/s, and/or employee benefits department/s necessary to establish payment of the policy.

I understand that it is my responsibility to notify my Ryan White Title II Case Manager of any changes in my premium within five (5) working days.

I understand that KDHE, its agents, officials, officers and employees are acting in an administrative role to assist with processing my insurance premiums through the Ryan White Kansas Health Insurance Program, and that KDHE, its agents, officials, officers or employees do not in any manner accept any responsibility or liability for maintaining my insurance coverage or paying for medical care and accordingly, I hereby release KDHE, its agents, officials, officers and employees, from any liability should my insurance policy lapse, be cancelled or terminated, regardless of the reason for such lapse, cancellation or termination.

Client Signature:	Date:
Case Manager Signature:	Date:
Case Manager (Printed):	Agency: